



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 6/22/15

CB150572

Permit No.: B15002661

Building Address: 12005 CLARKSVILLE PK
 City: CLARKSVILLE State: MD Zip Code: 21031
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 1
 Tax Map: 29 Parcel: _____ Grid: 07-19
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: equipment storage
 Estimated Construction Cost: \$ 30,000.00
 Description of Work: 40x30 AS-Built

Occupant or Tenant: Columbia Memorial PK
 Was tenant space previously occupied? Yes No
 Contact Name: Jesse Walker
 Address: 4111 Pennsylvania Ave
 City: Suitland State: MD Zip Code: 20746
 Phone: 301-568-1600 Fax: _____
 Email: _____

Property Owner's Name: Columbia Memorial PK
 Address: 12005 Clarksville PK
 City: Clarksville State: MD Zip Code: 21031
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: _____
 Contact Person: Jesse Walker
 Address: 4111 Pennsylvania Ave
 City: Suitland State: MD Zip Code: 20746
 License No.: _____
 Phone: 301-568-1600 Fax: SEE TENANT
 Email: BLUE RIVER STRUCTURES INC

Engineer/Architect Company: James Palmer
 Responsible Design Prof.: JAMES PALMER
 Address: PO Box 4457 3060 17595
 City: MANASSAS State: VA Zip Code: 20108
 Phone: 443-271-1900 Fax: 717-866-7237
 Email: 317-800-6581 NIPLEX PLANS

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth Width	
Gross area, sq ft / floor: _____	1 st floor: _____	2 nd floor: _____
Area of construction (sq ft): _____	Basement: _____	
Use group: _____	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units: _____	
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>N/A</u>
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>N/A</u>
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	<u>N/A</u>
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	<u>N/A</u>
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: <u>G13000065</u>	
Building Shell Permit Number: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: EMERSON JAT
 Email Address: EMERSONJAT@VERIZON.NET
 Title/Company: _____

Print Name: JAMES PALMER
 Date: 6-22-15

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY**
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>7/15</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$ 200.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ 100.00
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>440045</u>

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Wednesday, July 01, 2015 11:07 AM
To: 'jwalk@stonemor.com'
Subject: B15002661 Columbia Memorial Park
Attachments: B15002661 Columbia Memorial Park.pdf

Please see the attached Health Dept response to B15002661. Thanks

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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Bureau of Environmental Health

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TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: Jesse Walker
Columbia Memorial Park

FROM: Jeff Williams
Program Supervisor, Well & Septic Program

RE: B15002661
Columbia Memorial Park pole building

DATE: July 1, 2015

I have reviewed the above referenced building permit and have the following comments.

- Please submit a plot plan showing the location of the pole building relative to the sewage disposal area and sewage disposal system components on the property.

If you have any questions regarding this response, you may contact me at 410-313-1771 or jewilliams@howardcountymd.gov